									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003								107/8583					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	TITY	OR	OTHER	THAN ENTITY
TOTAL CLAIMS			3-1					RATE FEE		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			∂/ minus 20=		*			X\$ 9=		٩	OR	X\$18=	
INDEPENDENT CLAIMS			i minus 3 =		*			X43=			1	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			-145			╅	<u> </u>	OR OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					4	Olah				
	10 M	/ PLAIRAS AS A	MENDED - PART II					TOTA	L L	rgn	OR	TOTAL	
10	CITOR	(Column 1)		(Colum		(Column 3)	_	SMAL	L E	YTITY	OR	OTHER SMALL	
AMENDMENT A	_	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.20	Minus	-21		=		X\$ 9=		-	OR	X\$18=	
AME	Independent	RST PRESENTATION OF MULTIPLE DEPENDENT		3	=		X43=	扌		OR	X86=	·	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		1	+145=	1		OR	+290=	
							L	TOTA		•		TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FE	EL		Ort ,	ADDIT. FEE	
AMENDMENT BY		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=	Ī		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	###	C. A194	-		X43=	T		OR	X86=	
	THOI THEOL		CHIP LE DEF	CHOCKIT	CEAIM			+145=			OR	+290=	
								TOTAL			or ,	TOTAL ODIT. FEE	
		(Column 1)	4.	(Colum	n 2)	(Column 3)	•				·		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	TI	NDDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	•	Minus	**		=	Γ	X\$ 9=	Τ		OR	X\$18=	
	Independent		Minus	***		=	卜	X43=	T	—	.	X86=	
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		·F		十		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
!! !!	th "High st Nun the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS id For IN THIS	SPACE is I	ess than	20, nter 20."		TOTAL ODIT. FEE Id in the ap	L			TOTAL DDIT. FEE mn 1.	